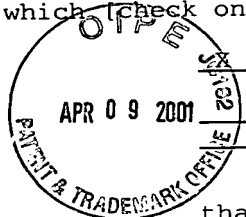


**DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT**

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below  
next my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **ISOLATION OF NUCLEIC ACIDS**, the specification of which [check one(s) applicable]



was filed December 14, 2000 as United States Application Serial No. 09/736,632;

and was amended by Amendment filed \_\_\_\_ (if applicable); or  
is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

**CLAIM UNDER 35 U.S.C. §120:** I hereby claim the benefit under 35 U.S.C. §120 of any prior United States application(s) listed below:

<u>Prior U.S. Appln No.</u>	<u>Filing Date</u> <u>Day/Mon/Year</u>	<u>Status</u> <u>Pending-Patented-Abandoned</u>
09/586,009	02-06-2000	Pending

Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in Rule 56(a) [37 C.F.R. §1.56(a)] which occurred between the filing date of the prior U.S. application and the national or PCT international filing date of this application.

**CLAIM UNDER 35 U.S.C. §119:** I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed:

<u>Prior Foreign Application(s)</u> <u>Appln No.</u>	<u>Country</u>	<u>Filing Date</u> <u>Day-Mon-Year</u>	<u>Priority Claimed</u> <u>Yes - No</u>
PCT/GB98/03602	International	04-12-1998	Yes
9725839.6	Great Britain	06-12-1997	Yes
9815541.9	Great Britain	17-07-1998	Yes

**POWER OF ATTORNEY:** As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

**POWER TO INSPECT:** I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO:

CUSTOMER NUMBER 000110

DIRECT INQUIRIES TO:

Telephone: (215) 563-4100  
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

SECOND JOINT INVENTOR (IF ANY)

Full Name Matthew John Baker  
 First Middle Last  
 Signature X [Signature] X  
 Date X 1/3/01 X  
 Residence Maidstone UK X  
 City State or Country  
 Citizenship X UK X  
 Post Office Address: X  
X481 LOOSE RD  
 Street Address  
MAIDSTONE, KENT, ME18 94J  
 City State or Country Zip Code

Full Name \_\_\_\_\_  
 First Middle Last  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Residence \_\_\_\_\_  
 City State or Country  
 Citizenship \_\_\_\_\_  
 Post Office Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City State or Country Zip Code